



Good Shepherd Montessori School
 1101 E. Jefferson Blvd South Bend Indiana 46617
 ph 574-288-0098 574-288-0077 fax www.gsms.org

Office Use Only
 Date Form Received: _____
 \$100.00 Enrollment Fee Paid with:
 ___ Cash ___ Credit Card Check # _____

APPLICATION FOR ENROLLMENT 2017-2018 (Grades 1-8)

Good Shepherd Montessori School does not discriminate on the basis of race, religion, sex, ethnicity, or national origin

Anticipated grade level: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ 7th _____ 8th _____

Student's Full Name: _____ Name commonly used: _____

Date of Birth: _____ Age September 1st: Years _____ Months _____ Gender: _____

Address: _____ City: _____ State: _____ ZIP: _____

Mother/Guardian (complete address if different from child)

Name: _____

Address: _____

City State ZIP

Hm. Phone: _____ Wk. Phone: _____

Cell Phone: _____ Email:* _____

Occupation: _____

Employer: _____

Custodial Parent Non-Custodial Parent Guardian**

*Check the box at left if you do *not* want your email to appear in the school directory. **Please attach documentation

Father/Guardian (complete address if different from child)

Name: _____

Address: _____

City State ZIP

Hm. Phone: _____ Wk. Phone: _____

Cell Phone: _____ Email:* _____

Occupation: _____

Employer: _____

Custodial Parent Non-Custodial Parent Guardian**

*Check the box at left if you do *not* want your email to appear in the school directory. **Please attach documentation

School Information - Years and place of schooling

Preschool: Where _____ # of years _____ Montessori? Y N

Elementary: Where _____ # of years _____ Montessori? Y N

Address of Last School _____ Teacher contact: _____

City State Zip

Describe your child's previous school experience _____

Family Information

Siblings: Name and Birth Date

Who is currently living with your child? _____

Family and Parent Cooperative Involvement

_____(initial) I understand that parents and/or extended family members are contractually expected to contribute to the life of the school at least one hour per week (35 hours over the academic year). This may include cleaning the school, teaching classes, providing transportation, presence at recess and lunch, serving on committees, etc.

Mother or Guardian's Signature _____ date _____

Father or Guardian's Signature _____ date _____

PARENT PERSPECTIVE (Grades 1-8)

Please return with your Application for Enrollment.

Child's Name _____ Applying for Grade _____

Parent's Name _____ Signature _____

	Outstanding	Excellent	Good	Average	Fair	Poor	N/A
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to the following questions

How would you describe your child's personality, interests, strengths, and weaknesses?

In what areas would you like to see your child develop?

What are your immediate expectations or hopes for your child at Good Shepherd?

PARENT PERSPECTIVE (Grades 1-8) continued

Child's Name _____

What are your long range goals for your child's education?

Please check any areas of concern

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Motor Skills | <input type="checkbox"/> Speech | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Physical Limitations | <input type="checkbox"/> Listening | <input type="checkbox"/> Visual |
| <input type="checkbox"/> Social/Emotional Development | <input type="checkbox"/> Attention | <input type="checkbox"/> Language Skills |

Does your child have any past or present health issues? Please explain.

What appeals to you about Good Shepherd?

Does your son or daughter have any special needs for which the school needs to be prepared? Please explain.

Please share with us anything else you would like us to know about your child.